

**SOUTHSIDE BEHAVIORAL HEALTH CONSORTIUM**

Comprehensive Plan  
to Reduce Admissions and Bed-Days  
at  
Southern Virginia Mental Health Institute

Prepared for: Virginia Department of Mental Health,  
Mental Retardation and Substance Abuse  
Services

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## SOUTHSIDE BEHAVIORAL HEALTH CONSORTIUM

### PROPOSED PLAN OF REGIONAL SERVICES

(Updated: June 11, 2004)

The following represents descriptions of plans identifying specific consumer populations and their unmet needs for Danville-Pittsylvania Community Services, Piedmont Community Services, and Southside Community Services Board. These three CSB's, along with Southern Virginia Mental Health Institute, form Southside Behavioral Health Consortium. This Regional Strategic Plan outlines the unmet mental health service needs in the following areas:

1. Discharge Assistance Project (DAP)
2. Programs of Assertive Community Treatment (PACT)
3. Psychiatric Inpatient Purchase of Services (POS).

The central focus of the Consortium continues to be the bed utilization by the three Consortium CSB's at Southern Virginia Mental Health Institute, which is located in Danville. The Institute provides psychiatric inpatient services to residents of the geographical area served by the three Consortium CSB's - mainly rural area from Franklin County in the West to Brunswick County in the East. This region spans 9,501 square miles with a population base of approximately 400,000 persons.

On a regional basis, the Consortium is establishing, maintaining, and promoting a regional system of care in the areas of mental health, mental retardation and substance abuse that is community-based. The Consortium is facilitating a strategic and long-term process to achieve a truly community-based system of public mental health, mental retardation and substance abuse services delivery. The process will include ongoing comprehensive assessment of consumer needs, assessment of programmatic changes required to meet those needs and implementation of interventions and care appropriate to the consumers' needs in the region.

It is the intent of the Consortium to correspond its key values and guiding principles with the DMHMRSAS Guiding Principles for Regional Restructuring Planning. Specific to the key values are:

1. Recovery, self-determination and empowerment of consumers in defining their own goals and in their active involvement in making decisions about their lives.
2. The quality of services shall reflect stakeholder involvement and feedback.
3. Access to services shall be based on a consumer and family-friendly basis.
4. Services provided shall meet the highest standards of accountability.

5. Partnership arrangements shall include consumers, families, and providers of services.
6. Coordination of regional-based services shall include monitoring and reporting as outlined in the Utilization Management Plan.
7. Consumer needs will be the foundation of the planning process.
8. The Consortium shall serve as a vehicle to develop strategies, programmatic structures and services to improve the regional and local systems of services delivery, where the severity of a consumer's disability determines the most appropriate location, level, type and intensity of care.
9. The Consortium will make the most efficient and effective use of all available public funds and resources.

#### **1. DISCHARGE ASSISTANCE PROJECT (DAP)**

The targeted population for the Discharge Assistance Project (DAP) funds will be seriously mentally ill individuals, who can benefit from a vast array of comprehensive, and intensive services. These services are essential in keeping with the Regional Plan's goal to enable people to be served in their home communities and to reduce the necessity for the CSB's to utilize state facility beds at Southern Virginia Mental Health Institute (SVMHI) when other services could be more appropriate and effective.

Some of these services include:

- Individual/Group Therapy.
- Mental Health Support Services.
- Psychosocial Rehabilitation Program.
- Intensive case management services.
- Access to specialized treatment for specific disorders (i.e., substance abuse, severe self-mutilation, or eating disorders.).
- Supervised residential programs.
- Supported employment programs.
- Emergency Services/Crisis Stabilization.

The following consumer numbers have been identified as in need of Discharge Assistance Program funds:

Danville CSB	14
Piedmont CSB	12
Southside CSB	<u>7</u>
<b>TOTAL</b>	<b>33</b>

**TOTAL FUNDS REQUESTED: \$2,469,000**

Consumer DAP Plans include a range of identified needs, costing from approximately \$21,300 to \$146,000 per year, per consumer. These funds would be used for community based services for Institute patients who have extensive barriers that inhibit their discharge. To establish stability in the community for these Institute patients will require an array of services that includes residential, clinical, day support, and transportation, among other needs.

It is projected that these DAP funds will reduce the number of bed days presently utilized at SVMHI by 5,650 days per year. This project will allow SVMHI to operate at its designated 72 bed capacity.

## **2. PURCHASE OF (INPATIENT) SERVICES**

The central focus of purchasing inpatient services from private psychiatric hospitals is to divert admissions from Southern Virginia Mental Health Institute. In this effort, the three Consortium CSB's will utilize available Purchase of (Inpatient) Services (POS) by contracting with area hospitals in Martinsville, Danville, and South Hill to admit and hospitalize appropriately screened individuals who meet the criteria for admission to a psychiatric facility. Even though the Consortium's region has less parity than other regions in the state, there are already in place in the three area hospitals procedures for admitting patients screened by the Consortium CSB's. This ongoing effort has resulted in some diversion from SVMHI. However, there exists an urgent need to receive POS funds to move beyond this initial stage toward adequacy and consistency.

The availability of POS funds will reduce the need for hospital beds at SVMHI by a considerable number and it will maximize a consumer's access to inpatient services while remaining in their communities. As a consequence, SVMHI can focus on serving the more seriously ill and difficult patients.

Essential to the use of POS funds is the operationalized "Utilization Management Plan" (see attached) that has been approved by the four Consortium organizations. The implementation of the Utilization Management Plan (UMP) will result in a coordinated effort by the four participating Consortium organizations to collaborate the effective and efficient use of POS funds.

In terms of specifics, the following tabulation shows what the existing, unmet needs are for the three Consortium CSB's:

### **Piedmont CSB**

702 Admissions, reduced by one-half (an assumption that this number will have insurance – Medicaid, Medicare, or other third-party insurance)  
= 351 Admissions

351 times the expected average length of stay (5 days) results in 1,755 bed days.

1,755 bed days times \$550 per day as cost of private hospitalization = \$965,250

Total expected cost to meet psychiatric inpatient service needs for Piedmont CSB is \$965,250.

**Danville CSB**

740 Admissions, reduced by one-half (an assumption that this number will have insurance – Medicaid, Medicare, or other third-party insurance)  
= 370 Admissions

370 times the expected average length of stay (5 days) results in 1,850 bed days.

1,850 bed days times \$550 per day as cost of private hospitalization =  
\$1,017,500.

Total Expected cost to meet psychiatric inpatient service needs for Danville CSB is \$1,017,500.

**Southside CSB**

378 Admissions, reduced by one-half (an assumption that this number will have insurance – Medicaid, Medicare, or other third-party insurance)  
= 185 Admissions

185 times the expected average length of stay (5 days) results in 945 bed days.

945 bed days times \$550 per day as cost of private hospitalization = \$519,750

Total Expected cost to meet psychiatric inpatient service needs for Southside CSB is \$519,750.

For the Consortium, the total cost to meet psychiatric inpatient service needs through POS funding is as follows:

Danville CSB	\$1,017,500
Piedmont CSB	965,250
Southside CSB	<u>519,750</u>

TOTAL CONSORTIUM POS NEEDS -\$2,502,500

**3. PROGRAMS OF ASSERTIVE COMMUNITY TREATMENT (PACT)**

PACT is a community-based service that provides comprehensive services to people with serious and persistent mental illnesses. Unlike other community-based services, PACT will enable the Consortium CSB's to provide "highly individualized Services directly to the mentally ill. PACT brings the comprehensive services package directly to the consumer within their home or community setting.

The primary goals of the Consortium's PACT program will be to "lessen or eliminate the debilitating symptoms of mental illness each individual consumer experiences and to minimize or prevent recurrent acute episodes of the illness, to meet basic needs and enhance quality of life, to improve functioning in adult social and employment roles, to enhance an individual's ability to live independently in one's own community, and to lessen the family's burden of providing care." The extent of meeting these PACT goals will, of course, be commensurate with the level of PACT funding the Consortium receives. At present, the region served by the Consortium receives no funding at all for PACT services.

Accordingly, the Consortium requests funding for two PACT's, realizing that there is a need for PACT services in each of the three participating Consortium CSB's.

It is the intent of the Consortium to operationalize PACT with consideration given to two viewpoints: one Consortium CSB receive funding for one full PACT and/or revise a PACT to operate in the highly rural setting that defines much of Southside Virginia. NAMI, in its literature on placing a PACT in a rural setting, emphasizes the importance of having "enough" staff and "adequate" funding. It is conceivable that a rural PACT can be implemented with a minimum of five to six program staff, plus a part-time psychiatrist and an administrative assistant, serving an urban corridor.

It is essential, however, that PACT, as a distinct service, be initiated in the geographic area served by the Consortium – an area that covers 9,500 square miles with a population of approximately 400,000 people.

## **SUMMARY**

The comprehensive array of services outlined in this plan involves the collaborative efforts of four participating agencies in the commitment to expand community-based services. Yet, in doing so, a Consortium approach is planned to coordinate services to the extent that utilization of limited resources can be expended more efficiently and effectively in a regionalized effort. The primary focus remains the diversion of admissions from SVMHI through a POS arrangement with area and other state-wide private hospitals, a DAP effort, and funding for PACT's.

As planning continues and services are initiated and expanded, it is the intent of the Consortium to expand its present informal organizational structure to a more formal entity. With the assistance of Virginia Tech, through its Institute for Innovative

Governance, School of Public and International Affairs, the Consortium has entered into an agreement in principle where the Institute's academic resources will assist the Consortium in becoming a more formalized entity and to assist in the development of a "vision" of long-term service goals. Establishing a non-profit, legal entity is under consideration.

It is the intent of the Consortium to utilize the one-time grant of \$50,000 to pay for technical assistance from Virginia Tech and for planning efforts to create a vision of long-term goals (both organizational and services), and to further refine the planning process that will involve a more comprehensive representation of stakeholder/providers of services and consumers.

## **VISION STATEMENT**

Southside Behavioral Health Consortium is an informal association, consisting of Danville-Pittsylvania Community Services, Piedmont Community Services Board, Southside Community Services Board, and Southern Virginia Mental Health Institute. The Consortium functions as a coordinating effort to reduce the high utilization of beds at SVMHI by the three CSB's through the use of private hospitals in Martinsville, Danville, and South Hill, or at other willing private hospitals in the Commonwealth.

To facilitate this mission, the Consortium also coordinates, on a regional basis, the use of Discharge Assistance Project funds to the three CSB's to provide community based services. In addition, the Consortium CSB's receive funds to divert non-appropriate substance abusing individuals from admission to SVMHI.

The Consortium has been successful in the active involvement of local agencies and consumers in the development of a Comprehensive Plan of Services on a regional basis, which is being used to seek the necessary resources to expand essential community services required to reduce the high use of beds at SVMHI.

The Consortium serves as a forum for the discussion of services issues; establishing service priorities; conducting and coordinating the assessment of needs; developing and updating a comprehensive plan of services; determining the distribution of regionally-appropriated funds; and monitoring a Utilization Management Plan for services provided under Consortium auspices.



**Southside Behavioral Health Consortium  
Utilization Management Plan for Adult Consumers  
of Mental Health Care  
Adopted June 7, 2004**

**I. Purpose and Function**

The Southside Behavioral Health Consortium (SBHC) is committed to providing quality inpatient care and effective mental health interventions in the safest, least restrictive environments possible, optimally utilizing the various resources available within the southside region. Several objectives are established to better fulfill this goal:

- To strengthen the continuity of care for consumers through collaborative endeavors between private and public care providers, responding to consumers' levels of need with appropriate levels of care;
- To serve consumers within their community of residence to the extent possible;
- To maximize utilization of private, inpatient behavioral health providers for consumers requiring intensive care for acute conditions;
- To maximize utilization of Southern Virginia Mental Health Institute (SVMHI) for consumers requiring intermediate care and psychosocial rehabilitation;
- To ensure timely and cost effective means of delivering inpatient psychiatric care;
- To maintain a census at SVMHI at or below funded levels (up to 72 beds);
- To manage the discharges of consumers from inpatient settings to their home environments as rapidly as possible, with necessary community supports mobilized to promote ongoing stability for them as they live in the community setting of their choice.

Utilization management is a functional process integral to fulfilling the goals and objectives set forth by the Southside Behavioral Health Consortium. Three strategic functions will be implemented to achieve objectives:

- Management of admissions and bed day purchases from private behavioral health providers;
- Management of admissions and discharges from SVMHI;
- Clinical and utilization management of consumers' course of treatment at SVMHI.

The SBHC will establish a Utilization Management Committee (UMC). The committee will be comprised of the Mental Health Directors of Danville-Pittsylvania Community Services, Southside Community Services Board and Piedmont Community Services and the SVMHI Director of Community and Clinical Services Development. The UMC will oversee the application of the three strategic utilization management functions, establish outcome measures, identify and collect data pertinent to utilization management, prepare regular reports to the SBHC and provide recommendations to the SBHC for operational changes as needed.

Currently, exclusive focus will be on the provision of inpatient care for adults, ages 18 through 64, although the Southside Behavioral Health Consortium may expand utilization management to include inpatient care for child/adolescent and geriatric consumers at some point in the future.

## **II. Management of Admissions and Bed Day Purchase from Private Behavioral Health Providers**

### **A. Conditions for Utilization**

- Funds for SVMHI bed diversion will be available for use by community services boards within the Southside Behavioral Health Consortium that will hold and manage the funds.
- Funds available are to be exclusively used to purchase bed days at private inpatient behavioral health care facilities.
- Funds will be used to purchase bed days at private inpatient behavioral health facilities located within the southside region, unless there are no available private beds within 60 miles of the jurisdiction of the consumer's residence.
- Bed days will be purchased for consumers who have received a pre-admission screening by a qualified community services board prescriber, who assesses that the consumer meets the criteria for admission to a state psychiatric facility.

- Bed days will be purchased for consumers residing within the jurisdictions served by the Southside Behavioral Health Consortium, unless the consumer is from out of state. Other Virginia residents who require inpatient care will be referred to the psychiatric facilities serving the jurisdictions of their residences.
- The SBHC will negotiate agreements with private inpatient behavioral health care facilities within the southside region to establish set rates for treatment per bed day. The SBHC will also establish a set rate for the attending physician fees, which will be separate from the hospital fees.
- The SBHC will pay the rates for hospital and attending physician fees only after all other third party payor sources have been exhausted for the current hospitalization.
- The SBHC will establish means and procedures to receive billing and remitting payments.

## **B. Utilization Procedures**

1. When a consumer has been assessed to meet the criteria for state psychiatric admission by a qualified community services board prescriber, the prescriber will refer the consumer for admission to the private behavioral health inpatient unit.
2. If the consumer is accepted for admission, the prescriber will authorize payment for care up to three (3) days if the consumer's admission status is voluntary.
3. If the consumer is admitted by Temporary Detention Order, a CSB prescriber may authorize payment for up to three (3) days of care for the consumer at the commitment hearing, if the court orders inpatient commitment.
4. The attending physician and case manager representing the private inpatient behavioral health unit and a CSB clinical manager will review the consumer's progress by the third day of the consumer's admission or by the third day after the commitment hearing. The reviewers will determine whether the consumer is ready for discharge or whether the consumer meets the criteria for continued stay for acute care (based on Magellan guidelines).

5. If continued stay is indicated, the CSB clinical manager will authorize payment for bed days up to an additional three (3) days.
6. A Utilization Review team, comprised minimally of a physician, patient care manager and case manager of the private behavioral health unit, CSB clinical manager and SVMHI clinical manager will review the progress of consumers whose inpatient length of stay is seven (7) days. The team will determine whether each consumer is ready for discharge; whether the consumer's condition will stabilize probably within a few additional days and, then, will be ready for discharge or whether the consumer requires intermediate or rehabilitative treatment; thus, transfer to SVMHI.
7. If the consumer is ready for discharge, the private inpatient behavioral health unit case manager and the CSB Discharge Liaison will coordinate discharge.
8. If a consumer's probable readiness will occur within three days of the utilization review date, the CSB clinical manager will authorize payment for up to an additional three (3) days.
9. If the consumer requires intermediate or rehabilitative treatment, the procedures to transfer the consumer to SVMHI will be initiated. The SVMHI clinical manager will assist in coordinating the transfer.
10. Authorization to extend length of stay for a consumer beyond nine (9) days must be approved by the SBHC Utilization Management Committee. The CSB clinical manager will consult with the UMC to obtain approval. Total length of stay will not exceed fourteen (14) days.

### **III. Management of Admissions and Discharges from SVMHI**

#### **A. Purpose**

The purpose of this strategic function is to ensure that SVMHI is utilized for effective treatment interventions and that consumers are discharged as rapidly as possible with adequate supports and resources necessary to sustain their functional skills and abilities in community settings. The role of the Utilization Management Committee will be to identify and monitor data related to admissions and discharges within the region. Trends noted will enable recognition of regional resource needs or of changes needed in the regional system of care to strengthen effectiveness or efficiency.

## **B. Procedures**

1. SVMHI social work staff will notify the case management CSB when a consumer is deemed to be clinically ready for discharge within (24) hours of the treatment team's determination. If the CSB's discharge plan is not activated within (30) days of the notification, the CSB will notify SVMHI and the DMHMRSAS Commissioner or designee that extraordinary barriers to discharge exist for that consumer.
2. SVMHI will maintain a list of consumers who have been assessed clinically ready for discharge, also noting those who have extraordinary barriers to discharge.
3. The SVMHI Director of Community and Clinical Services Development will meet with each CSB Mental Health Director and the CSB liaison to the facility once monthly. Other clinical managers of the CSB and SVMHI may attend the meeting as feasible.
4. The meeting agenda will include:
  - Thorough review of the current status of each of the CSB's consumers who are ready for discharge, including efforts and progress toward eliminating any barriers to discharge;
  - Review of circumstances of consumers who have had readmissions within 30 days of the last facility discharge and those consumers who have had multiple admissions within a period of a year;
  - Review of other data pertinent to admission rates and trends, i.e, diagnoses, demographic data, medication noncompliance as cause of admission.
  - Review of data pertinent to discharge, including lengths of stay, pattern of barriers to discharge, times between assessment of readiness for discharge and dates of discharge.
5. When the agenda includes review of the progress of consumers with forensic status or review of forensic admission and discharge issues, the forensic coordinators of the CSB and facility will also attend the meeting.
6. Relevant data will be forwarded to the SBHC Utilization Management Committee. The committee

will review and compile data for the region and will prepare a bi-monthly report to submit to the SBHC when its next meeting convenes.

#### **IV. Clinical and Utilization Management of Consumers' Course of Treatment at SVMHI**

##### **A. Purpose**

The purpose of SVMHI internal utilization management is to ensure appropriate allocation of resources in providing quality patient care in the most cost effective manner.

##### **B. Procedures**

1. A Utilization Review Committee, comprised of at least the SVMHI Medical Director who will chair the committee, a Utilization Review Physician, appointed by the Medical Director and a Utilization Review Coordinator, will conduct regularly scheduled reviews to monitor the need for admission and need for continued stay, based on the Magellan criteria.
  - All admissions will be reviewed within (1) working day of admission.
  - Consumers whose stay is covered by Medicare or other third party sources and every 5<sup>th</sup> consumer admitted will be scheduled for continued stay reviews if the consumer is assessed to require acute care at admission.
  - Continued stay reviews will occur on the 9<sup>th</sup> day, 16<sup>th</sup> day, 23<sup>rd</sup> day, 37<sup>th</sup> day, 51<sup>st</sup> day, 65<sup>th</sup> day following admission. After the Review #7, continued stay reviews will occur subsequently every 30 days.
  - When a review indicates that a consumer no longer meets the criteria for acute care, the attending physician will be notified. The physician may appeal the determination and, if appealed, the Medical Director will hear the appeal. If the physician accepts the determination, the consumer will either be assessed to be clinically ready for discharge or assessed to require inpatient rehabilitative treatment. In either case, the consumer will have non-acute status until discharged from the facility.

2. The Utilization Review Committee will convene monthly meetings with the treatment team leaders (physicians) and treatment team coordinators (psychologists) to review the progress of treatment and/or rehabilitation for each consumer who has a length of stay of (30) or more days but has not been assessed to be clinically ready for discharge. The purpose of the clinical peer review is to identify barriers to clinical stability and to affirm that all appropriate therapeutic measures and protocols are being applied to hasten clinical stability and discharge readiness.